

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> St. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

GENE FICKEN

Political Party (if applicable)

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (If Senate or House)

23

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1729
Logged in	
Scanned	
Computer	
Audited	
4 pages	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A May 30, 2008 (5/15/08 - 5/27/08) REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

9,726.45

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

3,235.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

12,961.45

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

48.39

Schedule F: Loan Repayments total (Attach Schedule F)

12,913.06

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 GENE FICKEN FOR STATE REPRESENTATIVE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 58B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
5/16/08	ID# CK# 3236	James & Shirley Rozendaal, 913 5th St. SW, Independence, IA 50644		\$25	<input type="checkbox"/>
5/16/08	ID# CK# 9443	Esmond V. Harmsworth, 535 Boylston #1103, Boston, MA		1,000.	<input type="checkbox"/>
5/16/08	ID# CK# 2050001303	Act Blue-Jeffrey Pfeifer, 570 High St., Denver, CO 80218		100.	<input type="checkbox"/>
5/16/08	ID# CK# 2050001303	Act Blue-Mel Heifetz, 304 S. 12th, Philadelphia, PA 19107		100.	<input type="checkbox"/>
5/16/08	ID# CK# 2050001319	Act Blue-Tiffany Martinson, 109 6th Avenue SW, Independence, IA 50644		25.	<input type="checkbox"/>
5/15/2008	ID# CK# 7406	Court H. Bentley, 2642 Coots Blvd., Rowley, IA 52329		500.	<input type="checkbox"/>
5/15/2008	ID# CK# 13133	Donald or Barbara Sabin, 1121 4th St. NE, Independence, IA 50644		25.	<input type="checkbox"/>
5/15/2008	ID# CK# 3125	James or Colleen Grover, 2874 Michel Ave, Rowley, IA 52329		100.	<input type="checkbox"/>
5/16/2008	ID# CK# 5211	Bernice Dodge, 612 2nd Ave. NE, Independence, IA 50644		10.	<input type="checkbox"/>
5/21/08	ID# CK# 13776	Gerald or Joan McCulley, 508 3rd NE, Independence, IA 50644		50.	<input type="checkbox"/>
SUB-TOTAL				\$1935.	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

Reset Form

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONEY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME (Must be same as on Statement of Organization)**  
 GENE FICKEN FOR STATE REPRESENTATIVE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/2/08	ID# CK# 2050001330	Act Blue-Lee Obrzut, 925 Lake St. S, Kirkland, WA 98033		\$500.	<input type="checkbox"/>
5/2/08	ID# CK# 2050001330	Act Blue-Roberta Courroy, 34 Haldeman Rd., Santa Monica, CA 90402		500.	<input type="checkbox"/>
5/18/2008	ID# CK# 3995	Ralph E. & Dorothy Weber, 2321 Jamestown Ave. SW, Independence, IA 50644		100.	<input type="checkbox"/>
5/20/2008	ID# CK# 741	Kyle L. Frette, 1800 Watrous Ave. #48C, Des Moines, IA 50315		100.	<input type="checkbox"/>
5/22/2008	ID# CK# 9270	Rudy R. Kubik, 2277 Iowa Ave., Independence, IA 50644		100.	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
<b>SUB-TOTAL</b>				\$1300.	
<b>TOTAL (If last page of this schedule)</b>				\$3235.	

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 Page 1 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/16/08	ID# 9738 CK#	Act Blue, P.O. Box 382110, Cambridge, MA 02238-2110	Funds Retained by Act Blue	\$ 7.90
5/16/08	ID# 9738 CK#	Act Blue, P.O. Box 382110, Cambridge, MA 02238-2110	Funds Retained by Act Blue	0.99
5/21/08	ID# 9738 CK#	Act Blue, P.O. Box 382110, Cambridge, MA 02238-2110	Funds Retained by Act Blue	39.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 48.39
TOTAL (if last page of this schedule)				\$ 48.39

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)